

## SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1311-27 CONTRACTOR MATTHEW HENTZELMAN PHONE 386-755-5254  
 THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT FAX: 386-758-4290

In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

<input checked="" type="checkbox"/> ELECTRICAL 765	Print Name <u>DAVID WOOD</u> License #: <u>EC13002213</u>	Signature <u>[Signature]</u> Phone #: <u>386-623-1132</u>
<input checked="" type="checkbox"/> MECHANICAL/ A/C <u>A 48</u>	Print Name <u>GLENN I JONES</u> License #: <u>CAC051486</u>	Signature <u>[Signature]</u> Phone #: <u>386-752-5389</u>
<input checked="" type="checkbox"/> PLUMBING/ GAS <u>759</u>	Print Name <u>KENNY KEEN/ROGER WHILDON</u> License #: <u>CFC1428686</u>	Signature <u>[Signature]</u> Phone #: <u>386-867-6755</u>
<input checked="" type="checkbox"/> ROOFING 1111	Print Name <u>MATTHEW HENTZELMAN</u> License #: <u>CCC1329208</u>	Signature <u>[Signature]</u> Phone #: <u>386-755-5254</u>
SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ License #: _____	Signature _____ Phone #: _____
SOLAR	Print Name _____ License #: _____	Signature _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON	C6C1514780	MATT HENTZELMAN	<u>[Signature]</u>
CONCRETE FINISHER	C6C1514780	MATT HENTZELMAN	<u>[Signature]</u>
FRAMING	C6C1514780	MATT HENTZELMAN	<u>[Signature]</u>
INSULATION	C6C1514780	MATT HENTZELMAN	<u>[Signature]</u>
<del>STUCCO</del>	<del>_____</del>	<del>_____</del>	<del>_____</del>
<input checked="" type="checkbox"/> DRYWALL 855	C6C1514780	MATT HENTZELMAN	<u>[Signature]</u>
<input checked="" type="checkbox"/> PLASTER	<del>_____</del>	<del>_____</del>	<del>_____</del>
CABINET INSTALLER	C6C1514780	MATT HENTZELMAN	<u>[Signature]</u>
PAINTING	C6C1514780	MATT HENTZELMAN	<u>[Signature]</u>
<del>ACOUSTICAL CEILING</del>	<del>_____</del>	<del>_____</del>	<del>_____</del>
<del>GLASS</del>	<del>_____</del>	<del>_____</del>	<del>_____</del>
CERAMIC TILE	C6C1514780	MATT HENTZELMAN	<u>[Signature]</u>
FLOOR COVERING	C6C1514780	MATT HENTZELMAN	<u>[Signature]</u>
ALUM/VINYL SIDING	C6C1514780	MATT HENTZELMAN	<u>[Signature]</u>
GARAGE DOOR	C6C1514780	MATT HENTZELMAN	<u>[Signature]</u>
<del>METAL BLDG ERECTOR</del>	<del>_____</del>	<del>_____</del>	<del>_____</del>

F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.